OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
MSRM 140117.01.13
(R-2/20)

SKIN INFESTATION
(example – SCABIES)

Subjective Data:

Allergies: _______________________

Chief complaint: ____________________________________________________________

Onset:_________  □ New Onset  □ Recurrence

Associated Symptoms:

□ Itching  □ Burning  □ Pain  scale (0-10) ____________________________

Current treatment/medications:

Over the counter  □ Yes  □ No  Describe:____________________________________________________

Prescription  □ Yes  □ No  Describe:____________________________________________________

Objective Data: (clinically indicated VS)

BP_____________  Pulse _________  Resp. ________  Temp. ________  Wt._______  O₂ sats._________  FSBS: ___________

Location of any scabies:

□ Webs of finger  □ Elbows  □ Knees  □ Thighs  □ Vaginal area

□ Around nipples  □ Wrist  □ Axillary folds  □ Gluteal fold  □ Head of penis

Character of scabies:

□ Papules  □ Nodules  □ Burrows  □ Crust  □ Red pruritic eruptions

REFER TO HEALTH CARE PROVIDER IF: If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.

□ Worsening of condition or fails to respond after treatment

□ Signs / symptoms of secondary infection

Health Care Provider: ___________________  Time Notified: _________  Orders Received for Treatment: □ Yes  □ No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

□ Check in assessment only for health care providers visit.

□ Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

□ Obtain inmate’s weight and contact medical provider for medication order - Ivermectin. (This will require an order from the health care provider)

□ Permethrin (Elimite) applied thinly to the entire skin from the neck down, sparing only the face and scalp (which are not affected by scabies) Medication is to be left on for 12-24 hours, after which the offender is to wash thoroughly. (This will require an order from the health care provider)  (Nursing Alert: Offender must understand these instruction, because application of a scabicide immediately after bathing and before the skin dries and cools increases percutaneous absorption of the scabicide and the potential for CNS abnormalities such as seizures)

□ Notify housing officer to clean cell, cloths, linens etc. according to facility procedure.

□ Place offender’s clothes and shoes in laundry bags and send to laundry department for decontamination.

□ Diphenhydramine cream 2% three times a day for 4 days PRN to affected area for itching.

□ Assign nursing protocol to Infectious Disease nurse if positive for Scabies.

□ Education/Intervention: Instructed on hygiene, bath with soap and water and allow skin to cool, do not share linens, signs and symptoms of secondary infection, keep hands off infected areas and avoid scratching, medication use, itching may persist for up to 7 days even though scabies mites are dead, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

Progress Note: ___________________________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Health Care Provider Signature/Credentials: ___________________________  Date: ________  Time: ________

RN/LPN Signature/credentials: ___________________________  Date: ________  Time: ________

Inmate Name  DOC #

(Last, First)